



## Title VI Complaint Form

Harrisonburg Department of Public Transportation (HDPT)

HDPT has a commitment to ensuring that no person is excluded of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. All comments and questions are welcome at our office.

Title VI complaints must be filed within 180 days from the date of the alleged discrimination. The following information is necessary to assist in processing your complaint. If assistance is needed to completing this form in full, please contact the Title VI Coordinator by calling (540) 432-0492. The completed form must be returned to the HDPT Office c/o Transportation Director, 475 East Washington Street, Harrisonburg, VA, 22802.

NAME

PHONE NUMBER(S)

STREET ADDRESS

CITY, STATE, ZIP CODE

PERSON DISCRIMINATED AGAINST (If Different Person)

CONTACT INFORMATION

Which best describes the reason for the alleged discrimination? (Circle one)

Race

Color

National Origin (Limited English Proficiency)

Date of Incident:

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Please describe the alleged discrimination incident. Provide the names any HDPT employees involved if possible. Explain what happened and whom you believe was responsible. Please use the back of this form if you require additional space.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No  
If so, list agency / agencies and contact information below:

Agency:

Contact Name:

Street Address, City, State & Zip Code:

Phone: \_\_\_\_\_

I affirm the above charge and that it is true to the best of my knowledge, information, and beliefs.

**Complainants Signature:**

Date: \_\_\_\_\_

**Print Name of Complainant:** \_\_\_\_\_